

LOCAL EDUCATIONAL AGENCY REPRESENTATIVE <i>(Name and address):</i>	FOR COURT USE ONLY
TELEPHONE NO. <i>(Optional):</i> FAX NO. <i>(Optional):</i>	
E-MAIL ADDRESS <i>(Optional):</i>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-535—APPOINTMENT OF SURROGATE PARENT	CASE NUMBER:

This form must be completed and returned to the court at the address listed above within 21 calendar days of the date of the appointment, termination, or replacement of a surrogate parent.

1. Child's name:
2. Child's school:
3. Address of child's school:
4. School personnel contact (*name, title, and telephone no.*):
5. a. Appointed surrogate parent's name: ☐ New ☐ Replacement
- b. Appointed surrogate parent's address:
- c. Appointed surrogate parent's telephone number:
- d. Appointed surrogate parent's relationship to the child:
6. ☐ The previous surrogate parent was terminated under section 7579.5(h) of the Government Code.
☐ Name of previous surrogate parent: _____

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(TITLE)